



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY☐ ADDITIONAL PAGES

TROOP / UNIT: I		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES,	
DATE: 1/10/05	TIME: 1145	INVESTIGATING TROOPER / OFFICER: TFL WIDENER #1282	DPS CASE NUMBER: DPS05-001615
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): TECH. WILCOX HIGH SCHOOL OREGON AVE MERIDEN			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input checked="" type="checkbox"/> UNDER INVESTIGATION 15 YRS OLD FEMALE STUDENT, MADE A COMMENT TO ANOTHER STUDENT, THAT SHE WAS GOING TO GET A GUN AND A CROWBAR, AND COME BACK TO SCHOOL TO TAKE OUT STUDENTS & TEACHERS THAT SHE HATES.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
JUVENILE: <input type="checkbox"/> YES		INJURED: <input type="checkbox"/> YES	
AGE:		<input type="checkbox"/> NO	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
JUVENILE: <input type="checkbox"/> YES		INJURED: <input type="checkbox"/> YES	
AGE:		<input type="checkbox"/> NO	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
JUVENILE: <input type="checkbox"/> YES		INJURED: <input type="checkbox"/> YES	
AGE:		<input type="checkbox"/> NO	
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input type="checkbox"/> M <input checked="" type="checkbox"/> F		DOB: 15 YRS	
ADDRESS:		ADDRESS:	
CHARGES: 1. 53a 62 THREATENING		COURT: (JUVENILE)	
2.		GA: COUNT.	
3.		TOWN: MIDDLETOWN	
4.		DATE: 1/24/05	
BOND: <input type="checkbox"/> CASH <input checked="" type="checkbox"/> REFERRAL <input type="checkbox"/> SURETY		INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA		AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
AMOUNT \$: To parents custody.		HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> TO BE PRESENTED AT COURT			
<input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:			
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	
ADDRESS:		ADDRESS:	
CHARGES: 1.		COURT: (JUVENILE)	
2.		GA:	
3.		TOWN:	
4.		DATE:	
BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY		INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA		AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
AMOUNT \$:		HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> TO BE PRESENTED AT COURT			
<input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:			
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	
ADDRESS:		ADDRESS:	
CHARGES: 1.		COURT: (JUVENILE)	
2.		GA:	
3.		TOWN:	
4.		DATE:	
BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY		INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA		AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	
ADDRESS:		ADDRESS:	
CHARGES: 1.		COURT: (JUVENILE)	
2.		GA:	
3.		TOWN:	
4.		DATE:	
BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY		INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA		AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
AMOUNT \$:		HOSPITAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> TO BE PRESENTED AT COURT			
<input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:			
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	
ADDRESS:		ADDRESS:	
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: MM ID #: 223 DATE: 01/10/05			

THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS.
FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.
PHONE: 860-685-8230 FAX: 860-685-8301 TO BE